

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name T.O. "Tommy" Moffatt
Full Address 1510 Oldfield Drive, Gautier, MS 39553
Telephone (228) 497-2237 (Fax) (228) 497-2533
E-mail Sen52@cableone.net
Office Sought MS Senate - Dist. #52 Political Party Republican

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JAN 05 2010

Secretary of State
Capitol Office

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$	3,700.00	\$ 3,700.00
Total amount of disbursements	\$	4,260.61	\$ 4,260.61
Total amount of cash on hand	\$	63,119.79	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

T.O. Moffatt
Signature of Candidate

1/3/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee T.O. "Tommy" Moffatt Page 1 of 2
 Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>		<u>06/24/09</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church Street</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON CORPORATION</u>		<u>10/01/09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 9034</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Concord, CA 94524</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Exxon-Mobil Corporation</u>		<u>11/23/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2519</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Houston, TX 77252-2519</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Mississippi Political Action Comm.</u>		<u>11/24/09</u>	\$ <u>500.00</u>
Mailing Address <u>175 East Capitol St., Suite 702</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39201-2135</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee T.O. Tommy Moffatt

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Action Comm. for Rural Electrification</u>		<u>12 / 16 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>		____ / ____ / ____	\$
City, State, Zip Code <u>Ridgeland, MS 39158-3300</u>		____ / ____ / ____	\$
Name of Employer (Required)		____ / ____ / ____	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		____ / ____ / ____	\$
Mailing Address		____ / ____ / ____	\$
City, State, Zip Code		____ / ____ / ____	\$
Name of Employer (Required)		____ / ____ / ____	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		____ / ____ / ____	\$
Mailing Address		____ / ____ / ____	\$
City, State, Zip Code		____ / ____ / ____	\$
Name of Employer (Required)		____ / ____ / ____	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		____ / ____ / ____	\$
Mailing Address		____ / ____ / ____	\$
City, State, Zip Code		____ / ____ / ____	\$
Name of Employer (Required)		____ / ____ / ____	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee T.O. "Tommy" Moffatt
 Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name <u>Capital Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1432</u>	<u>01/11/09</u>	\$ <u>150.00</u>
City, State, Zip Code <u>Jackson, MS 39215-1432</u>	<u>02/07/09</u>	\$ <u>200.72</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
↓		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>03/13/09</u>	\$ <u>107.01</u>
City, State, Zip Code	<u>04/11/09</u>	\$ <u>134.99</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
↓		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>06/05/09</u>	\$ <u>47.85</u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>640.57</u>
↓		
D. Full name <u>Friends of Billy Hewes</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 2387</u>	<u>05/20/09</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Gulfport, MS 39505</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>
↓		
E. Full name <u>Friends of Phil Bryant</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 321226</u>	<u>05/20/09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
↓		
F. Full name <u>Troy Ross Campaign</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1704 Warren Drive</u>	<u>05/20/09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee T.O. "Tommy" Moffatt
 Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Committee to Elect Scott Walker Mayor</u>	<u>05/20/09</u>	\$ <u>500.00</u>
Mailing Address		
<u>936 Porter Avenue</u>	<u>___/___/___</u>	\$
City, State, Zip Code		
<u>Ocean Springs, MS 39564</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$